

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

968209

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		10		10		
12		10		10		
13		10		10		
14		10		10		
15		5		5		
16		10		10		
17	1		1			
18		1		1		
19		1		1		
20	1		1			
21		1		1		
22		1		1		
23	1		1			
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25	1		1			
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27	1		1			
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29	1		1			
30		1		1		
31		1		1		
32		1		1		
33		1		1		
34		1		1		
35		0		9		
36		0		9		
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50						
TOTAL IND.	7		7			
TOTAL DEP.	78		94			
TOTAL CLAIMS	85		101			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						